Schedules A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

Name(s) as shown on Form 1040 Your social security number Medical and 1 Medicines and drugs **Dental Expenses** 2 2 Write 1% of Form 1040, line 33 3 3 Subtract line 2 from line 1. If line 2 is more than line 1, write zero . (Do not include 4 expenses reim-4 Total insurance premiums you paid for medical and dental care. bursed or paid 5 Other medical and dental expenses: by others.) 5a a Doctors, dentists, nurses, hospitals, etc . . . 5b (See page 17 of **b** Transportation Instructions.) c Other (list-include hearing aids, dentures, eyeglasses, etc.) 6 6 Add lines 3 through 5c 7 7 Multiply amount on Form 1040, line 33, by 3% (.03) . . . 8 8 Subtract line 7 from line 6. If line 7 is more than line 6, write zero . 9 9 Write one-half of amount on line 4, but not more than \$150 10 COMPARE amounts on line 8 and line 9, and write the LARGER amount here . . . 11 **Taxes** 11 State and local income . . 12 12 Real estate (See page 18 of 13a Instructions.) 13 a General sales (see sales tax tables) . 13b **b** General sales on motor vehicles . 14 Other (list—include personal property) 15 Add lines 11 through 14. Write your answer here 15 16a Interest Expense 16 a Home mortgage interest paid to financial institutions . . . b Home mortgage interest paid to individuals (show that per-(See page 19 of Instructions.) son's name and address) 16b 17 17 Credit cards and charge accounts 18 Other (list) 18 19 Add lines 16a through 18. Write your answer here 19 Contributions 20 a Cash contributions. (If you gave \$3,000 or more to any one or-20a ganization, report those contributions on line 20b.) . . . (See page 19 of Instructions.) b Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.) **>**_____ 20b 21 21 Other than cash (see page 19 of Instructions for required statement). 22 23 Add lines 20a through 22. Write your answer here. 24 Casualty and 24 Total casualty or theft loss(es) (attach Form 4684) . Theft Losses and 25a 25 a Union and professional dues Miscellaneous 25b **b** Tax return preparation fee **Deductions** 26 Other (list) -(See page 20 of Instructions.) 26 27 Add lines 24 through 26. Write your answer here . Summary of Itemized 28 Add lines 10, 15, 19, 23, and 27 **Deductions** 2 or 5, write \$3,400. 29 If you checked Form 1040, Filing Status box { 29 (See page 20 of 1 or 4, write \$2,300. Instructions.) 3, write \$1,700. 30 Subtract line 29 from line 28. Write your answer here and on Form 1040, line 34a. (If line 29 is more than line 28, see the Instructions for line 30 on page 20.)

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Page

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Amount

Part I Interest Income

(See pages 8 and 20 of Instructions.)

Also complete Part III if you received more than \$400 in interest.

If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must
complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received
or paid accrued interest on securities transferred between interest payment dates, please see page 20.

Interest income other than interest from All-Savers Certificates		Amount
Interest income from seller-financed mortgages. (See Instructions and show name of payer.)	1	
2 Other interest income (list name of payer)		
Addition 1 and 0		
Interest from All-Savers Certificates (ASCs). (See page 21.)	3	Amount
Add amounts on line 4	5	
Write the amount of your ASC exclusion from the worksheet on page 21 of Instructions Subtract line 6 from line 5	7	
Add lines 3 and 7. Write your answer here and on Form 1040, line 8	8	

Part II Dividend Income

(See pages 9 and 21 of Instructions.)

Also complete Part III if you received more than \$400 in dividends. If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, or you are electing to exclude qualified reinvested dividends from a public utility, complete Part II. If you received dividends as a nominee for another, see page 21.

Name of payer

10 Add amounts on line 9	10	
11 Capital gain distributions. Enter here and on line 13,		111111
Schedule D.*		B
12 Nontaxable distributions. (See Instructions for adjustment to basis.) . 12		
13 Exclusion of qualified reinvested dividends from a public		
utility. (See Instructions.)		
	14	
	15	

*If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file that schedule. Instead, enter 40% of your capital gain distributions on Form 1040, line 14.

Part III
Foreign
Accounts
and
Foreign
Trusts

(See page 21 of Instructions.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

No